

Attorney Docket No.: 1035-BI4282

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought by way of the application entitled

SPINEL ARTICLES AND METHODS FOR FORMING SAME

which (check)	is filed with this Declaration and Power of Attorney and marked with the above title and/or Attorney Docket Number, and which is the final application provided to
	•
	me by Toler, Larson & Abel, l.d.p.
	and is amended by the Preliminary Amendment attached hereto.
	was filed on <u>September 23, 2003</u> as Application Serial No. <u>10/669,141</u>
	and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or under § 365(a) of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

	Priority	Claimed		
Number	Country	Day/Month/Year Filed	Yes	No

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Data (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CPR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U. S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

I hereby appoint the following attorncy(s) and/or agent(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Mike W. Crosby (40,970), Mary E. Porter (33,440), Joseph P. Sullivan (45,349), Thomas G. Field III (45,596), Jeffrey G. Tolcr (38,342); J. Gustav Larson (39,263); Jeffrey S. Abel (36,079); Rita M. Wisor (41,382); Russell W. White, (45,691); Anna M.J. Teachout (54,486); and John R. Schell (50,776).

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please direct all correspondence concerning this application to the USPTO Customer Number, if provided, or otherwise to the firm named below:

Customer Number 34456 TOLER, LARSON & ABEL, L.L.P.

P.O. Box 29567 AUSTIN, TEXAS 78755-9567

Telephone: 512-327-5515 Facsimile: 512-327-5452

Milan Kalda

Eull name of cole (or first joint) inventors

run name of sole (or mist joi	int) theelitor.		
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Full name of third joint inver	ntor: Jeffrey Cooke		
Inventor's Signature: Residence: Post Office Address:	Camps, Washington, USA 26206 NE 34 th Street	Date: Citizenship:	10/28/03 USA

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Milan Kokta, et al.

Title:

SPINEL ARTICLES AND METHODS FOR FORMING SAME

App. No.:

10/669,141

Filed:

September 23, 2003

Examiner:

Group Art Unit:

Atty. Dkt. No.: 1035-BI4282

Confirmation No.: 2825

Application Processing Division Customer Correction Branch Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Please make the indicated corrections as shown on the enclosed red-lined Filing Receipt. Please refer to the Application Data Sheet filed with the application on September 23, 2003 for the correct Attorney Docket Number, and please refer to the Claims for the correction to the number to Independent Claims as shown on pages 14-16 of the application as filed September 23, 2003. Please contact me at the below-listed telephone number if you have any questions or need additional information.

Respectfully submitted,

Attorney for Applicant(s)

TOLER, LARSON & ABEL, L.L.P.

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Austin, Texas 78755-9567 (512) 327-5515 (phone) (512) 327-5452 (fax)

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Under the Paperwork Reduction Act of 1995, no persons are require	od to res	ond to	U.S. Pa	stent s	nd To	Approved for use through 07/31/2006. ON edemark Office: U.S. DEPARTMENT OF	COMMERCE
FEE TRANSMITTAI	┕┌	Applio	ation !	Numb	er -	10/669,141	
C EN 0004				September 23, 2003			
for FY 2004		First Named Inventor		tor	Milan Kokta, et al.		
Effective 10/01/2003. Patent fees are subject to annual revision.	Exeminer Name						
Applicant claims small entity status. See 37 CFR 1.27	<u> </u>	Art Unit					
TOTAL AMOUNT OF PAYMENT (\$) 1148.00	-		ev Do	okat N	<u> </u>	1035-BI4282	
		Allon	iey Do			LCULATION (continued)	
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Deposit Account 50-2469	Code		Code	(\$)		·	Fee Pald 130.00
Number	1051	130	2051			narge - late filling fee or oath narge - late provisional filing fee or	130.00
Account Name TOLER LARSON & ABEL LLP	1052	50	2052		COABL	sheet	
The Director is authorized to: (check all that apply)	1053	130	1053			English specification	
Charge (ee(s) indicated below Credit any overpayments	1812	2,520 920*	1812 1804			ling a request for ex parte reaxamination esting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)	1804	5 20"			Exam	niner action	
Charge foe(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*		uesting publication of SIR after niner action	
FEE CALCULATION	1251	110	2251	55		nsion for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Exte	nsion for reply within second month	
Large Entity Small Entity	1253	9 50	2253	475	Exte	nsion for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (5) Code (5)	1254	1,480	2254	740		nsion for reply within fourth month	
1001 770 2001 385 Utility filing fee 770.00	1255	2,010	2255	1,005	Exte	nsion for reply within fifth month	
1002 340 2002 170 Design filling fee	1401	330	2401	165	Notic	ce of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	• •		g a brief in support of an appeal	
1004 770 2004 385 Reissua filing fee	1403	290	2403		•	uest for oral hearing	
1005 160 2005 80 Provisional filing fee	1451 1452	1,510	1451 2452	•		ion to institute a public use proceeding ion to revive - unavoidable	
SUBTOTAL (1) (\$) 770.00	1452		2452			ion to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501		2501			y Issue fee (or reissue)	•
Extra Claims below Fee Paid	1502	480	2502			gn issue fee	
Total Claims 29 -20** = 9 X 18 = 162	1503	640	2503	320	Plan	it Issue fee	
Claims _ 4 - 3** = 1 - 1 ^ 60 - 1 1 80 - 1	1460	130	1460	130	Petit	dons to the Commissioner	
Multiple Dependent O = 0	1807	60	1807	50	Proc	essing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806			nission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	40	Reco	ording each patent assignment per erry (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing	g a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1010	770	2040	1 205	•	CFR 1.129(a))	
1204 86 2204 43 ** Reissue independent dalms	1810	770	2810		exan	each additional invention to be nined (37 CFR 1.129(b))	
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1801 1802	770 900	2801 1802		Rec	quest for Continued Examination (RCE)	<u> </u>
and over original petent of a design application							
SUBTOTAL (2) (\$) 248.00		fee (sp cod hv	eclfy) _ Basic F	ilina E	o Pr	id Augrana in las ins	
**or number previously paid, if greater; For Reissues, see above	Redu	OSU DY	Justi I	ייייואַ רי	-6 F8	id SUBTOTAL (3) (\$) 130.0	JU

			
SUBMITTED BY			(Complete (# applicable))
Name (Print/Type)	Jeffe S. Alfel	Registration No. (Alternay/Agent) 36,079	Telephono 512-327-5515
Signeture			Date 12/29/03

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Waysands: Information on this form may become public. Credit card information should not be included on this form. Provide cradit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Assendria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.